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THE USE OF PRISON CONFINEMENT FOR THE TREATMENT OF MULTIPLE DRUNKEN DRIVER OFFENDERS: A PROCESS EVALUATION OF THE LONGWOOD TREATMENT CENTER

EXECUTIVE SUMMARY

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ABSTRACT

In March of 1985, the Massachusetts Department of Correction (DOC) embarked on a unique mission with the opening of the Longwood Treatment Center, the state's first minimum security prison designed exclusively to detain and provide alcoholism education and treatment to multiple drunken driving offenders. At Longwood, the DOC contracts out the treatment services to Valle Associates, a private treatment vendor, and retains responsibility for the management and security of the facility.

Coterminous with the opening of Longwood, a process evaluation was begun. Its purpose was multifaceted - to determine the extent to which the program was implemented as planned and serving the target population as specified, to address preliminary outcome measures of program success, to analyze the various costs of the Longwood program, and to provide feedback to program administrators concerning program implementation and operation.

The following report presents the results of the evaluation effort. First, research revealed that the program was indeed implemented as planned. Although a series of internal and external forces impacted the process of implementation and subsequently led to program adjustments, the overall intended program structure and context was achieved and Longwood emerged as a smoothly run, professional operation.

Research also determined that the program serves the intended target population. Offenders served at Longwood are neither new to the courts nor to public and private alcohol treatment programs.

Secondly, preliminary outcome measures revealed that relatively few individuals completing the program are rearrested and returned to prison within one year of release. Our research demonstrated that 6% of the Longwood program completers were returned to prison within one year of release. This compares to a department wide recidivism rate of 25% and to a rate of 19% for other low security institutions similar to the Longwood program.

Although in general the research findings were positive, a number of issues were raised and recommendations made to program administrators concerning program modifications. For example, the aftercare component of the program needs to be strengthened, the counseling and correction staffs need to be restructured, and the costs of operating the Longwood program need to be reevaluated. A discussion of these and other issues is included in the report.

In conclusion, the innovative concept of providing alcohol education and treatment to a specific, designated and relatively homogeneous population within the confines of a correctional setting, was proven through this evaluation to be not only feasible, but desirable and practicable. Although the study was not intended as a formal outcome evaluation, preliminary findings suggest in fact that the program is effective in reducing recidivism among multiple drunk drivers, as well as impacting on the alcoholic behaviors of such offenders. It is recommended that a future formal outcome evaluation be initiated.

FOREWORD

The following study was accomplished through the work of a number of individuals functioning as a research team. The team approach and the team composition is unique when compared to studies traditionally done by the Research Division. In addition to employees of the Research Division, team membership consisted of student interns from area universities, Cooperative Education placements from the Northeastern University program, and a staff member from the institution under study. Though individual roles and tasks frequently overlapped and merged, it is important to recognize and acknowledge individual efforts. Dr. Daniel LeClair, Director of the Research Division, served as the principal investigator for the study. In that capacity he wrote the original research design and supervised the subsequent research processes.

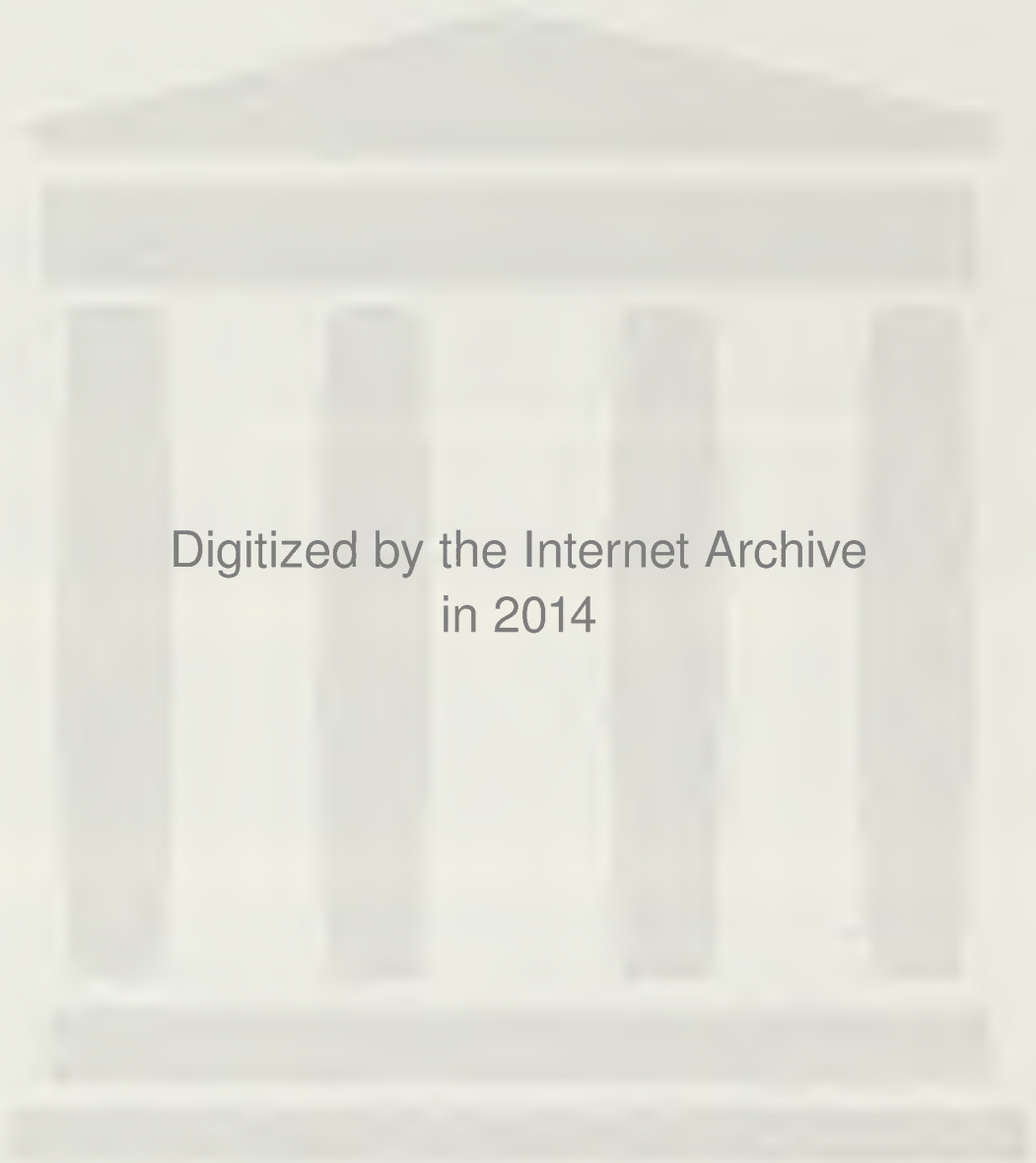
Richard Drorbaugh joined the research team during the formative stages of the design construction. He was recruited to serve as a summer intern under the auspices of the Public Policy Program of the Massachusetts Internship Office. Richard's task was to fulfill the early field work assignments by attending program meetings, sitting in on treatment activities, and generally observing the implementation and early stages of program operation. This work helped in providing the background material from which the evaluation design was developed.

Dallas Miller, a research assistant with the Research Division, was assigned to collect data with respect to the client selection procedures in order to determine whether or not program participants were drawn from the targeted populations. Much of the material collected by Dallas informed the discussions in Section V of this report.

Edward Klotzbier was recruited from the Northeastern University Cooperative Education Program to serve as one of the senior research analysts for the study. Edward was responsible for administering interview schedules to the program staff and to the program clients. He also developed and organized study files, attended program sessions, and was involved in general program observation. Materials collected from Edward were utilized throughout the various research processes.

Lynn Felici served as the second senior research analyst. Lynn was initially recruited as a student intern from the University of Massachusetts-Boston and she was assigned to investigate and document the history of the Longwood program. To accomplish this task, she interviewed many of the key initiators of the program and traced and compiled all available documentation and memoranda relative to the facility's origins. Upon her graduation from U-Mass, Lynn joined the research team as a senior research analyst. She assisted in administering interview schedules to program staff and also assisted in the program participation and observation research tasks. After the completion of these tasks, Lynn was responsible for incorporating all of the written summaries of the individual researchers into one comprehensive report. Thus, in this role, Lynn wrote the first draft of the final report.

David Dowling, a second student placement from Northeastern University Cooperative Education Program, was primarily responsible for gathering information to be used in the cost analysis of the Longwood program.



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Scott Rand, the aftercare coordinator at Longwood, assisted the researchers by providing a description of the aftercare component at Longwood, and by furnishing statistics on the post-Longwood behavior of program completers. The above information was used in the section of the study examining outcome measures of program effectiveness.

Dr. Michael W. Forcier, Deputy Director of Research, served as the study editor. He reviewed initial drafts and made substantial contributions to the sections on issues and recommendations as well as to other sections of the report. As a new member of the Research Division, his fresh approach and knowledge of alcohol treatment issues greatly aided the editing process.

The research team would like to acknowledge the significant support received from Michael V. Fair, the Commissioner of Correction, and his Senior Executive Staff, especially Dr. Dennis Humphrey, in the process of conducting this study. Our requests for staff, resources, and access to records were more than optimally met. The priority given to the research assured cooperation throughout the Department and greatly facilitated our task.

We would like to acknowledge the support and cooperation that was rendered by David MacDonald, the Superintendent of the Longwood Treatment Center. He gave us office space at the facility in the midst of program activities. This allowed an invaluable direct exposure to what we were studying. He also gave free access to all records, staff, and program activities on an around the clock basis. His entire staff at the facility extended the same level of cooperation. In addition, the Valle Associates staff are thanked for giving freely of their time and allowing members of the research team to observe various treatment components.

Finally, we are greatly indebted to Suzanne Edwards for the word processing of the multiple drafts and final copy of this report.

Thus, our finished product must be viewed as the result of the hard work of a large number of individuals and was made possible by a wide base of administrative support. Any shortcomings of the research are the responsibility of the principal investigator.

THE USE OF PRISON CONFINEMENT FOR THE TREATMENT OF MULTIPLE DRUNKEN DRIVER OFFENDERS: A PROCESS EVALUATION OF THE LONGWOOD TREATMENT CENTER

In September of 1982, the Massachusetts Legislature passed an "Act to Increase the Penalties for Operating a Motor Vehicle While Under the Influence of Intoxicating Liquors". Though the law provided for alcohol education, counseling programs, and residential treatment programs in public health settings, it was most saliently characterized by the provisions for increased certainty of punishment for repeat offenders by mandatory incarcerations in county correctional facilities.

The strict enforcement of the Massachusetts law resulted in a dramatic increase in Operating Under the Influence (OUI) commitments to county correctional facilities, so much so that within one year, approximately 25% of all county commitments were OUI offenders. This increase led to significant changes in the demographic characteristics of the county institutions. The OUI offenders were older, more educated, more likely to be married and received shorter sentences when compared to the remainder of the county commitments. Generally the OUI offender was a chronic alcohol abuser with a non-criminal background. Where long criminal records did occur, they were for alcohol-related offenses.

These important changes in demographic characteristics brought serious planning and programmatic implications to the county correctional system. Yet

program development was almost totally constrained by the overcrowded conditions, the serious lack of financial resources, and the particular nature of the relatively short OUI sentence. Under these circumstances, it became evident that the county system of incarcerating OUI offenders typically served only the custodial and thus punitive function, while in many cases the treatment or rehabilitative function was not being met.

To deal with this situation, the Sentencing and Corrections Committee of the Governor's Anti-Crime Council reviewed ways to accommodate the law without incurring a consequent crippling of the county correctional system and without precluding the possibility of treatment and rehabilitation. In May of 1983, the committee issued their Preliminary Report on Prison Overcrowding, and in this report recommended the establishment of three one-hundred-bed statewide facilities to house offenders sentenced under the "drunk driving" legislation. The committee specifically stated that these facilities would be designed to serve two primary functions: first, to help relieve overcrowding in the county houses of correction; and second, to provide offenders of the law with appropriate counseling and treatment services. All residents of the facilities would be transfers from the county house of correction where they had begun serving their sentences. The specific treatment program was to include individual and group counseling, closely supervised outdoor recreation, and participation in in-house and community-based work-release programs.

The Longwood Treatment Center located in Boston was the first of the proposed centers to open. At the outset, a stated objective was to develop in conjunction with the Department of Correction Research Division a program evaluation model to determine the effectiveness of alcohol treatment and education at the Longwood Treatment Center.

Research Design

The Longwood Treatment Center program is unique in its attempt to combine correctional incarceration with professional treatment in order to prevent the reoccurrence of drunken driving among repeat offenders. In light of the relative newness of the concept underlying this program, this evaluation focused on whether the program was implemented as planned, whether it reached the appropriate and specified target population, whether its services were effective in achieving intended goals and objectives, and whether these goals and objectives were achieved at a reasonable cost. Therefore, the research questions were drawn from this focus.

The formal method used to address the research questions was a process/implementation design referred to as the Program Evaluation Model. This model included a process/implementation component, assessment of program outcomes, and a cost-efficiency component. In generating the data, the program evaluation employed both quantitative and qualitative methods of data collection. However, because of the exploratory nature of the research, qualitative methods predominated. The principal categories of data collection included observation, description, interviewing, examination of program records, examination of demographic and criminal history records, and the generation of outcome records.

Program Model

The Longwood Treatment Center is a 125 bed correctional facility located in a residential neighborhood within the city of Boston. It is staffed by uniformed correction officers 24 hours per day. The facility serves convicted offenders of the state's "Drunk Driving Law", accepting both male and female placements. While

the Department of Correction maintains responsibility for the management, operations, classification, and security of the institution, the principal treatment component of the program was contracted out to a group of alcoholism treatment professionals, Valle Associates.

Although the Longwood program is predicated upon the concept of treatment for alcoholism, it is important to stress that the facility is secure, and therefore the paramount objective of the Department of Correction at the facility is the detention of multiple drunk driving offenders. The secondary objective is the treatment of alcoholism, which includes the goals of preventing future drunk driving behavior and achieving eventual sobriety for the offenders.

The treatment component of the program is based on the philosophy that "alcoholism is a complex, multi-dimensional illness that must be understood in the context of an individual's drinking history, personality, environment, and skill level". To that end, the treatment program is directed toward:

- An initial assessment of the offender's alcohol problem;
- The development of individual treatment plans including alcohol education classes, individual and group counseling, participation in in-house and community-based programs;
- Counseling to the offender's family members where appropriate;
- Work-release and community-based programs for eligible residents; and
- Particular emphasis on assisting offenders with previous treatment exposure.

The above objectives at Longwood are achieved through a combined process of alcohol assessment, education, and treatment. The assessment process includes standardized resident inventories, structured interviews with the offender, and

utilization of an on-line computer to calculate scores from tests designed to measure alcohol/drug variables, psychosocial data, skill level, and the offender's behavioral characteristics.

The aims of education and treatment at Longwood are to: 1) impart information about alcohol; 2) assist offenders in recognizing the impact of alcohol in their lives, specifically in reference to drinking and driving and its effect on society; 3) assist residents in developing constructive alternatives to drunk driving and other self-defeating behavioral patterns; and 4) help residents assume responsibility for their actions. For a broader discussion of the program model the reader is referred to the full report.

Research Findings

The Longwood Treatment Center has now been in operation for two years. To date, approximately 500 sentenced drunk driving offenders have completed the Longwood program and have been paroled or discharged to the streets. In general, the research findings are very positive in their reflection on program development, implementation, operation, and impact. Five general conclusions have arisen from the study findings. First, research revealed that the program was implemented as planned. While it is true that a series of internal and external pressures impacted the process of implementation and subsequently led to some programmatic and operational adjustments, the overall intended program structure and context was achieved.

Secondly, the research determined that the program served the originally intended target population. This was achieved from the existence of a variety of constraints that emerged in the complex process involved in the selection of clients for the program. Offenders in the program, for example, typically exhibit a prior

history of serious and multiple drunk driving offenses. Their histories of prior alcohol treatment revealed multiple contacts with detoxification and alcohol abuse educational programs such as both privately and publicly operated programs in mental health and public health agencies. The offenders were neither new to the courts nor new to the public and private alcohol treatment professionals. In short, prior histories of treatment and treatment failures were evident for the population as a whole.

Thirdly, the results of formal and informal evaluation techniques revealed a smoothly run professional program. Custodial staff, treatment staff, and management staff joined cooperatively in implementing and operating a unique program for the Department of Correction. The program involved a client population and a method of treatment heretofore not experienced by the staff. By the same token, program participants appeared cooperative, orderly, and in most cases sincere in their approach to participating in the alcohol treatment programs offered by the Center. This observation is made by comparing Longwood to other residential treatment programs and institutions administered by the Department of Correction. Relatively few residents were dropped from the program and returned to higher security institutions. Few disciplinary reports and incident reports were recorded. The escape rate was extremely low, less than 1% of the population at risk and better characterized as "walkaways" than as escapes. Additionally, the general institutional climate was consistently found to be a positive one.

Fourthly, although the average inmate costs at Longwood are high from a traditional corrections perspective and in comparison to other DOC facilities, the program is performing what appears to be quality cost-effective alcohol treatment. A combination of influences from the treatment methods employed by Alcoholics Anonymous and Reality Therapy, particularly as utilized in group settings best characterize this process. The use of an outside contracted treatment vendor, up

to date educational materials, and the creative use of some recovering alcoholics as counseling staff are examples of efforts undertaken to provide quality treatment.

Finally, preliminary outcome measures have revealed that relatively few individuals completing the Longwood Treatment Program and subsequently released to the streets on a parole or a discharge are rearrested and returned to prison for more than 30 days within one year of release. Our research has shown that 6% of the Longwood program completers were returned to prison for more than 30 days within one year of program release. This compares to a department wide recidivism rate of 25% and to a rate of 19% for other low security institutions similar to the Longwood program. Information on post-release drinking, though tentative, revealed that a majority (69%) of releasees reported being sober, while a small group (31%) reported some drinking since release. An even larger majority (80%) reported consistent post-release alcohol treatment participation.

The generally positive findings documented through the research effort should not obscure the fact that the research also identified program areas in need of attention. While many program changes have been realized, and the Longwood program has been strengthened through the efforts of both the DOC and Valle staffs, there remain a number of areas that need attention. This is to be expected in any new program. The following section delineates salient issues identified through the research and presents recommendations for change. Because these issues and recommendations are presented here only in summary form, the reader is referred to the full report for more detailed discussion.

Salient Issues and Recommendations

Study recommendations focused on six program issues: 1) the aftercare

component; 2) the role of security staff; 3) the roles of DOC and Valle counselors; 4) space for recreational facilities; 5) the cost of the program; and, 6) post-program outcomes and recidivism.

The aftercare component was felt by both DOC and Valle staff at Longwood to be perhaps one of the most vital program features at Longwood and the primary way to ascertain program effectiveness. Ironically, in our assessment, research has shown the aftercare component to be probably the weakest program feature at the facility. This weakness may be traced to the unique nature of the Longwood program as a correctional institution. Unlike other alcoholism treatment facilities, once an inmate in a correctional facility is released, his or her commitment to the institution and its staff expire. Hence, the concept of aftercare in corrections inevitably has inherent difficulties, foremost among which is the conflict between release and aftercare. This is best illustrated by the fact that for the majority of Longwood releases who are placed on probation and or parole, a self report of post-release drinking could result in a technical violation of both their aftercare contract and probation/parole.

A second problem with the aftercare component, however, is more generic to the Longwood program. It appears that aftercare has been assigned a low priority, and this is reflected in the fact that when the facility opened, there was no aftercare coordinator or process for conducting aftercare. While this situation was partially remedied by the addition of a full-time aftercare coordinator in October 1985, the increasing number of released residents with whom to maintain contact, coupled with the assignment of additional responsibilities to the aftercare coordinator, has placed impracticable expectations on this person.

It is therefore recommended that for aftercare to be an effective program component, it must be assigned a higher priority. Moreover, a pre-aftercare component should be incorporated into the treatment plan.

A second focal issue concerns the role of security staff at Longwood. The Longwood security staff is comprised of 15 correction officers, 4 sergeants, and 1 lieutenant for a total of 20 security staff. Considering the nature of the facility, this large a security staff may be unnecessary. However, the presence of such a large security staff coupled with frequent counts may account for the fact that the escape rate at Longwood was extremely low, less than 1% of the population at risk and better characterized as "walkaways" than as escapes.

Still, when asked by researchers to describe a typical resident at Longwood, nearly the entire staff likened them to "the person next door". The Administration claimed that the typical resident was more like a patient than an inmate, non-confrontational, and easy to manage. The DOC counselors claimed that the residents were abusive only in terms of their drinking, and the Correction Officers (COs) themselves asserted that they were non-violent, non-assaultive, friendly, and easy to manage. Further, many residents complained that the security staff forget where they are, and treat the residents like children, or "like inmates at Walpole". The residents claimed that there are too many "petty" rules, the rules are inconsistent, and there are too many counts.

In fact, it is the opinion of the research team that many of these complaints are justified. There are 36 counts conducted by security staff per day, 7 of which are major counts. During the seven major counts, all residents return to their rooms. During other counts, lectures, group therapy sessions, and other activities are interrupted. Thus, either the counseling activities are scheduled according to the time limits placed upon them by the major counts, or activities are interrupted by COs. Researchers frequently observed both lectures and highly personal and confidential group therapy sessions interrupted for resident counts.

It is therefore recommended that serious consideration be given to a possible reorganization of security staff. In order to delineate the specifics of this

recommendation, a discussion of another interrelated issue is first necessary and follows below.

The third focal issue concerned the roles of DOC and Valle counselors at Longwood. Specifically, two issues were raised in reference to the counselors' role at the facility. The first concerned the lack of adequate one-on-one counseling, and the second concerned the role that DOC counselors play at Longwood.

From the perspective of the residents interviewed, weekly one-on-one counseling is needed. From the perspective of the Valle staff, each counselor's caseload is too large and there is not enough time to administer adequate one-on-one counseling. From the perspective of the DOC counselors, the caseloads are too shuffled and there is not enough time to meet with each resident on a regular basis.

Further, both counseling staff and residents question whether or not one-on-one counseling was meant to be incorporated into treatment at Longwood. Indeed, it is unclear if one-on-one counseling was intended as a program component. As was stated in the initial treatment plan submitted to the Boston Zoning Board by the Executive Office of Human Services, "individual treatment plans will be developed for each offender and may include... individual and/or group counseling...". Although Longwood engages all residents in group therapy, there are no regularly scheduled one-on-one counseling sessions between counselors and residents. Staff people at Longwood question the extent to which individual treatment plans tailored to the particular needs of each resident can be developed and complied with without meeting clients individually on a regularly scheduled basis.

The second issue raised in reference to counselors concerned the responsibilities of the DOC counselors. It is unclear, many staff commented, whether the DOC counselors are strictly case managers, or serve a therapeutic function as well.

From the perspective of the DOC Director of Treatment at Longwood, the DOC counselors are more than case managers, and do indeed aid in the treatment of the residents by meeting with them to discuss such things as legal issues. However, the DOC counselors themselves continually expressed uncertainty about the nature of their own positions. They commented that before the facility attained full capacity, they were much more involved in actual therapy, meeting with their caseloads regularly, and meeting each resident's respective Valle counselor in weekly case conferences.

As the population at the facility increased, the responsibilities for processing residents' paperwork was assigned a higher priority than was meeting with the residents on a regular basis. In fact, when the research team completed the period of observation at Longwood in October 1986, the DOC counselors were meeting with their caseloads in brief sessions once per week. As of this writing, it has been learned that the DOC counselors are no longer able to meet even that frequently, and presently see their caseloads now once every two weeks.

It is recommended that one-on-one counseling should be provided at the facility as an important program component. Despite the lack of research evidence to support individual over group therapy in the treatment of alcoholism, the availability of additional individual counseling is desirable for three reasons. First, the Longwood residents themselves expressed a desire for it. Second, Longwood staff also stated they would like to have conducted individual counseling. Third, it would strengthen a comprehensive treatment approach which research on alcohol treatment effectiveness has shown to be most promising.

In order to conduct one-on-one counseling sessions with each program participant, more counseling staff, both DOC and Valle, need to be assigned to this task. Rather than adding staff per se, however, it is suggested that there be a reassignment of some security staff to ensure some of the correctional counselors'

functions. The Longwood Administration should devise a plan by which the two staffs could merge, then proceed to divide responsibilities among the larger "correctional counseling" staff. For example, tasks could be divided as follows:

- COs with interest and/or experience in administrative details could process the paperwork for furloughs, program-related activities, and work-release;
- COs and/or present counselors (without a caseload) could assume recreational/community and restitution/work-release responsibilities exclusively;
- a number of COs (with training) and present DOC counselors could divide the total number of residents into caseloads of not more than 15 residents each and assist in development of individual treatment plans, meeting with their caseloads regularly in one-on-one sessions and meeting with their resident's respective Valle counselors in weekly case conferences; and,
- the remaining COs/DOC counselors could play a more direct role in pre-aftercare, aftercare, and networking with outside support groups.

In summary, we are suggesting a possible model whereby a merger of the security staff with the DOC counselors could be achieved. This would work towards enabling security personnel a more direct role in case management and other administrative duties, while adding to the DOC counseling staff, freeing the DOC counselors from their primary responsibility for resident paperwork and enabling them more involvement with residents and with Valle counselors in the delivery of counseling services.

The entire correctional counseling staff would be responsible for the security of the institution. Thus, three of the predominant areas of contention at Longwood could be addressed in one organizational restructuring. Security staff would

assume less of a police function, DOC counseling staff would be more involved in direct care, and the aftercare component (including pre-aftercare) would be assigned a higher priority. For a broader treatment of this issue, the reader is referred to the discussion in the full report.

A fourth focal issue concerns space for recreational facilities. A criticism that was shared by all of the staff and residents at Longwood concerns the lack of recreational space at the treatment center. Aside from a small weight room and basketball court in the staff parking lot, there is virtually no room for residents to exercise or play ball, thus causing tension among residents. While cognizant of the fact that the residents are imprisoned at Longwood for a criminal violation, it is important to keep in mind that they are also alcoholics in the early stages of recovery, and that, in and of itself, may cause much tension. Many of the Valle staff interviewed emphasized the lack of and need for recreational activities at Longwood, suggesting that these particular residents especially need to locate alternative sources for which to relieve stress. In the past, staff maintained, they turned to the bottle or to their cars. Providing them with more healthy outlets would aid in their recovery.

Although it is implausible to suggest adding more space for recreation, it is possible to implement a recreational program. It is recommended that a number of DOC correctional counselors spearhead the implementation of a mandatory recreational component, working either with the city of Boston or the local YMCA to ensure that supervised residents have a regular time and place in which to recreate.

A fifth issue focused on cost-savings measures which could have the effect of reducing average per inmate costs. One important measure is a reexamination of the current rental agreement. It is recommended that a less costly rental district be sought or the purchase of a building be considered. A second cost-saving

measure could be a reexamination of the need to contract out for alcoholism treatment services. Now that the facility has been operational for over two years, it may be possible to assign to DOC counselors the responsibility of providing alcohol treatment counseling.

A final issue focused on the future measurement of post-program outcomes and recidivism. Although it was not the purpose of the present study to systematically examine post-Longwood outcomes in terms of rearrest, drinking behavior, and recidivism, we did present some preliminary results for an initial cohort of Longwood releasees. While the preliminary results are useful for illustrative purposes, they are of less use in an evaluative sense.

The present study has clearly established the feasibility of and need for an outcome evaluation of the Longwood Treatment Center. Now that the viability of the program concept has been established, it is time to systematically measure post-program outcomes and access these outcomes against some comparison groups. The types of outcomes to be examined include post-release drinking behavior, rearrest (OUI and non-OUI), recidivism, alcohol counseling participation, and social adjustment (e.g., employment status). Appropriate comparison groups might be county-OUI inmates and/or repeat OUI offenders incarcerated in similar facilities such as the Western Massachusetts Correctional Alcohol Center (where the DOC Research Division is undertaking a post-program outcome study). Such a study could be conducted over a longer post-release follow-up period and would have the advantage of providing more valid and reliable statistics than those obtained through the aftercare process.